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RTTUZYUW RHOIAAA0001 1001816-UUUU--RHSSSUU.
ZNR UUUUU
R 101804Z APR 13
FM CNATRA CORPUS CHRISTI TX
TO COMTRAWING ONE MERIDIAN MS
COMTRAWING TWO KINGSVILLE TX
COMTRAWING SIX PENSACOLA FL
TRARON SEVEN MERIDIAN MS
TRARON NINE MERIDIAN MS
TRARON TWO ONE KINGSVILLE TX
TRARON TWO TWO KINGSVILLE TX
TRARON EIGHT SIX PENSACOLA FL
INFO COMNAVAIRSYSCOM PATUXENT RIVER MD
COMNAVAIRPAC SAN DIEGO CA
PEOTACAIR PATUXENT RIVER MD
COMNAVSAFECEN NORFOLK VA
CNATRA CORPUS CHRISTI TX
BT
UNCLAS
N03750//
MSGID/GENADMIN/CNATRA 00X//
SUBJ/CNATRA T-45 HYPOXIC EVENT REPORTING GUIDANCE//
REF/A/DOC/NAVAIR/12DEC2012/-//
REF/B/DOC/NAVAIR/12DEC2012/-//
REF/C/DOC/NAVAIR/11MAR2013/-//
REF/D/DOC/OPNAV/OPNAVINST 3750.6R/01MAR2001//
REF/E/DOC/CNAF/COMNAVAIRFORINST 4790.2B/06JUN2012//
NARR/REF A IS T45A/C PHYSIOLOGICAL EVENT-AIRCREW EI DATA SHEET, PART A. REF B IS
T45A/C PHYSIOLOGICAL EVENT-MAINTENANCE EI DATA SHEET, PART B. REF C IS T45A/C
PHYSIOLOGICAL EVENT-FLIGHT SURGEON EI DATA SHEET, PART C. REF D IS NAVAL
AVIATION SAFETY PROGRAM. REF E IS THE NAVAL AVIATION MAINTENANCE PROGRAM.//
GENTEXT/REMARKS/1. HYPOXIA POSES A SERIOUS HAZARD TO THE SAFETY OF T-45
OPERATIONS. TO MITIGATE THIS HAZARD, DETAILED EVENT INFORMATION IS REQUIRED.
THE FOLLOWING ACTION PLAN IS PROMULGATED, RECOGNIZING THE NEED TO BALANCE
CAPTURING CRITICAL FAILURE EVIDENCE WITH OPERATIONAL REQUIREMENTS. THIS PLAN
INVOLVES COMPLETION OF REFS A, B, AND C AS DISCUSSED BELOW. THESE PROCEDURES ARE
IN ADDITION TO REF D SAFETY HAZARD REPORTING.
   REFS A, B, AND C SHALL BE COMPLETED WITHOUT DELAY AFTER ANY EVENT IN WHICH
EITHER AIRCREW EXPERIENCE SYMPTOMS OF HYPOXIA (A HYPOXIC EVENT) DURING LOCAL OR
DETACHMENT OPERATIONS. WITHOUT HYPOXIC SYMPTOMS, REGARDLESS OF OXYGEN LIGHT
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- ILLUMINATION, NORMAL AIRCREW AND MAINTENANCE PROCEDURES SHOULD BE FOLLOWED.

  3. HYPOXIC EVENT PROCEDURES:

  A. AIRCREW SHALL NOTIFY SQUADRON COMMAND DUTY OFFICER AND MAINTENANCE
- CONTROL OF HYPOXIC EVENT. DOCUMENT THE EVENT ON A MAINTENANCE ACTION FORM AND SPECIFICALLY ANNOTATE: "EXPERIENCED HYPOXIA."
- B. BOTH AIRCREW SHALL THEN REPORT TO THE FLIGHT SURGEON AND/OR DESIGNATED MEDICAL FACILITY. IT IS CRITICAL THAT AIRCREW REPORT WITHIN TWO HOURS OF LANDING. FLIGHT SURGEONS SHALL ENSURE REF C FORM IS SUBMITTED AND BLOOD WORK HANDLED PER DIRECTIONS GIVEN ON THE FORM. A COMPLETED COPY OF THE FORM SHALL BE GIVEN TO THE AIRCREW AND THE ORIGINAL SHALL BE KEPT BY THE FLIGHT SURGEON. DO NOT INCLUDE THIS FORM IN THE MEDICAL RECORD. ANY POSITIVE RESULTS FROM BLOOD

WORK CONDUCTED DURING THE EXECUTION OF REF C PROCEDURES WILL BE REPORTED BACK TO THE APPROPRIATE WING/SQUADRON FLIGHT SURGEON.

- C. AIRCREW SHALL COMPLETE AND SUBMIT REF A.
- D. AIRCRAFT SHALL REMAIN IN A MISSION DOWN STATUS UNTIL THE FOLLOWING OXYGEN COMPONENTS ARE REMOVED: BREATHING REGULATOR (CRU-103A/P) AND HOSE, OXYGEN MASK AND HOSE, OBOGS CONCENTRATOR, AND SOLID STATE OXYGEN MONITOR (SSOM)(CRU-99/A), AS APPLICABLE TO ACFT. TESTING AND TROUBLESHOOTING (T&T) OF THE ACFT SHALL NOT BE PERFORMED UNTIL OXYGEN COMPONENTS ARE REMOVED DUE TO THE RISK OF LOSING CRITICAL EVIDENCE.
- E. HMR/EI REQUESTS FOR OXYGEN COMPONENTS SHALL BE SUBMITTED VIA JOINT DEFICIENCY REPORTING SYSTEM (JDRS) PER REF E. OXYGEN COMPONENTS SHALL NOT BE SUBMITTED TO INTERMEDIATE LEVEL MAINTENANCE. ADDITIONALLY, ANY OTHER SYSTEM COMPONENTS SUSPECTED CAUSAL TO THE HYPOXIC EVENT SHALL ALSO BE RETAINED AND SUBMITTED FOR EI. DO NOT TURN IN REPAIRABLES NORMAL BEYOND CAPABILITY OF MAINTENANCE (BCM) OR DISCARD CONSUMABLES.
- F. MAINTENANCE CONTRACTORS SHALL SUBMIT REF B AS SOON AS POSSIBLE POST T&T. 4. UNLESS OTHERWISE DIRECTED, ACFT IS CLEARED TO FLY UPON REPLACEMENT OF OXYGEN COMPONENTS AND COMPLETION OF T&T AND ALL REQUIRED SYSTEM TESTS ATTESTING TO THE AIRWORTHINESS OF THE ACFT PER APPLICABLE MAINTENANCE PUBLICATIONS.
- 5. CNATRA T-45 SQUADRONS SHALL ENSURE THESE PROCEDURES AND APPLICABLE POINTS OF CONTACT ARE IMMEDIATELY AVAILABLE TO DUTY PERSONNEL. RECOMMEND DEVELOPMENT OF A HYPOXIC EVENT QUICK REACTION BINDER TO BE KEPT WITH THE SQUADRON PRE-MISHAP PLAN. REFS A, B AND C ARE POSTED ON THE NAVAL SAFETY CENTER WEBSITE
- http://safetycenter.navy.mil/
  UNDER THE AVIATION/AEROMEDICAL TAB. TO PREVENT THE
  USE OF OUTDATED FORMS AND ASSIST IN THE USE OF ELECTRONIC REPORTING, THESE FORMS
  SHOULD BE USED DIRECTLY FROM THE WEBSITE FOR EACH EVENT.
- 6. WITHIN 60 DAYS OF THIS MESSAGE, EACH WING SHALL CONDUCT AN AFTER CLINIC HOURS DRILL OF THESE PROCEDURES, INCLUDING NECESSARY COORDINATION WITH THE LOCAL CLINIC/HOSPITAL/LAB/MAILING FACILITY. REPORT DRILL COMPLETION TO THE CNATRA AMSO VIA EMAIL FROM THE WING SAFETY OFFICER.
  7. POCS:

## A. CNATRA:

- (1) CNATRA AMSO, CODE 002X, LCDR TOM JONES,
- TEL: DSN 861-2377 OR COML (361) 961-2377, EMAIL: TOM.JONES1(AT)NAVY.MIL.
  - (2) T45 CLASS DESK, CODE N4211, CWO4 RAMIRO CASTILLO,
- TEL: DSN 861-3146 OR COML (361) 961-3146, EMAIL: RAMIRO.CASTILLO(AT)NAVY.MIL.
  - (3) ALSS CLASS DESK, CODE N4215, MR. MARK ESPOSITO,
- TEL: DSN 861-2569 OR COML (361) 961-2569, EMAIL: MARK.ESPOSITO1(AT)NAVY.MIL.
  - B. NAVAIR:
    - (1) CODE 4.6.7.4, MR. DENNIS GORDGE,
- TEL: COML (301)342-8419, EMAIL: DENNIS.GORDGE(AT)NAVY.MIL.
  - (2) CODE 6.6.2.2, MR. DAVID CHURCH,
- TEL: COML (301)757-5188, EMAIL: DAIVID.E.CHURCH2(AT)NAVY.MIL.
  - (3) CODE 4.1.1.2, MR. ROGER SHIPLEY,
- TEL: COML (904)317-1892, EMAIL: HECTOR.R.PEREZ(AT)NAVY.MIL.
  - (4) CODE 4.1.1.2, MR. HECTOR PEREZ,
- TEL: COML (904)317-1892, EMAIL: HECTOR.R.PEREZ(AT)NAVY.MIL.
  - (5) CODE 4.3.5.2, MR. MARK GRUBB,
- TEL: COML (904)317-1889, EMAIL: HECTOR.R.PEREZ(AT)NAVY.MIL.
  - C. PMA202 AIRCREW OXYGEN SYSTEM ISSC PATUXENT RIVER, MD:
    - (1) CODE 6.6.4.2, MR. S. NELSON,
- TEL: DSN 342-8405 OR COML (301) 342-8405, EMAIL: CHARLES.S.NELSON(AT)NAVY.MIL.

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